

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000095408 (7)

1. Corporation Name

FLORIDA ADMINISTRATION SERVICES, INC.



Principal Place of Business

Mailing Address

782 NORTH LEJEUNE ROAD #530  
MIAMI FL 33126

782 NORTH LEJEUNE ROAD #530  
MIAMI FL 33126

3. Date Incorporated or Qualified

3a. Date of Last Report

12/18/1995

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc

Suite, Apt. #, etc

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City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE LEON, LILLIAM  
782 NORTH LEJEUNE ROAD #530  
MIAMI FL 33126

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PTSV  
DE LEON, LILLIAM  
782 NORTH LEJEUNE ROAD #530  
MIAMI FL 33126

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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DE LEON, LILLIAM  
782 NORTH LEJEUNE ROAD #530  
MIAMI FL 33126

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LILLIAM DE LEON

8/1/96

Date

305-443-1889

Daytime Phone #

CR2E034 (3/96)